



**Membership Form
Belgrade Senior Center**

Dues: \$20.00 per person for 1 year of membership beginning : Date _____

Name _____

Mailing Address _____

City/State/Zip _____

Phone Number _____

Email Address _____

Birthday _____

Emergency Contact Person _____ Phone _____

Membership: New _____ Renewal _____

Form of Payment: Cash _____ Check # _____

_____ I would like information about including the Belgrade Senior Center in my estate plans.

_____ I have included the Belgrade Senior Center in my estate plans.